

REGISTRATION FORM

Enfield Family Resource Center

Child's Name: _____ Sex: **M** _____
Last First Middle **F** _____

Address: _____ Home Phone: _____

Family Doctor: _____ Phone: _____

Does your child have medical insurance: ____ Yes ____ No If Yes, Insurance Provider: _____

Verified Date of Birth: _____ Place of Birth: _____

Was your child premature: ____ Yes ____ No If yes, how many weeks? _____

Preschool and/or Kindergarten Experience

Yes ____ NO ____

Name of Preschool and/or Kindergarten

LOCAL EMERGENCY NAMES & TELEPHONE NO:

1. _____ Phone: _____

2. _____ Phone: _____

Family Data	Name/Address	Place of Employment & Telephone Number
Father		
Mother		
Step Parent or Guardian		

Child Lives With (circle one): Both Parents Mother Father Guardian

Race/Ethnicity (Optional) (circle): Caucasian African American Hispanic/Latino Asian Native American
Multiracial Other _____

Name of Brothers/Sisters	Date of Birth	Grade

**Please share any concerns you have
about your child**

Please answer all questions:

1. What is the primary language spoken by you or other persons in your home?

2. What is the primary language spoken by your child when he/she is at home?

3. Is your child receiving or has he/she ever received Birth -3 or preschool special education services?

4. Are you enrolled in the WIC program: ____ Yes ____ No

1. Has your child had any illness, injury, or operations?
Specify _____

2. Does your child have any allergies?
____ Yes ____ No Please list any/all of them:

3. Does your child take any medication on a regular basis?
____ Yes ____ No

Specify _____

4. Are there any other health problems not already listed that you would like to make the FRC aware of?

5. Do you have any concerns that your baby/child is too quiet or doesn't make sounds like other babies/children?
